PRINTED: 11/01/2019 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495370	B. WING	B. WING		C	
NAME OF PE	ROVIDER OR SUPPLIER	490010	<u> </u>	STF	REET ADDRESS, CITY, STATE, ZIP CODE	1 10/	/17/2019
BBIDGEW	ATER HOME INC			302	NORTH SECOND STREET		
BRIDGEW	ATER HOME , INC.			BR	IDGEWATER, VA 22812		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
F 000	survey was conducte 10/17/19. The facility Plan was reviewed an with CFR 483.73, the	r's Emergency Preparedness and found to be in compliance Federal requirements for liness in Long Term Care	F (000			
	survey was conducte 10/17/19. Two comp Corrections are requi	laints were investigated. red for compliance with 42 deral Long Term Care fe Safety Code					
F 641 SS=D	123 at the time of the		F	641			11/4/19
	resident's status. This REQUIREMENT by: Based on observatio interview and clinical staff failed to ensure set (MDS) regarding	of Assessments. It accurately reflect the is not met as evidenced in, resident interview, staff record review, the facility an accurate minimum data dental status for one of 28 by sample (Resident #47).			F641 Accuracy of Assessments 1. Address how corrective action will accomplished for those residents found have been affected by the deficient practice. Resident #47 has a scheduled.		
					Resident #47 has a scheduled		000 5.47
LABORATORY I	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE	=		TITLE		(X6) DATE

Electronically Signed 10/31/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) AND PLAN OF CORRECTION UMBER: A. BUILDING			X3) DATE SURVEY COMPLETED				
		495370	B. WING			C	
NAME OF D	DOVIDED OD CUDDUED	493370	B: Willo	CTDEET ADDRESS CITY CTATE ZID O		0/17/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	ODE		
BRIDGEW	ATER HOME , INC.			302 NORTH SECOND STREET			
	- ,			BRIDGEWATER, VA 22812			
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 641	Continued From pa	ge 1	F 6	641			
F 641	Resident #47 was a 8/30/18 with a re-ac Diagnoses for Resi fracture, gastroesol depression, anemia history of pulmonar 8/8/19 assessed Reintact. On 10/15/19 at 12: interviewed about or Resident #47's bott with black/gray discolower front teeth we gum. The resident #47 was in her teeth. The resiplate on the top and were chipped. Resident were not in gorepair. Section L0200 of Redated 8/8/19 document of the policy of Resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the resident had no chior likely cavities or MDS dated 9/6/19 in the	admitted to the facility on dmission on 9/12/18. dent #47 included wrist phageal reflux disease, a, high blood pressure and y embolism. The MDS dated esident #47 as cognitively The first property of the great part of the great	F 6	appointment with Communi Health on November 19, 20 complete dental assessmer 2. Address how the facilit other residents having the p affected by the same deficie The Clinical Coordinator (C Coordinator, Infection Preve DON met with the RD follow finding on 10/23/19 for revie L; L0200 Dental. It was disc team and agreed upon that L0200 will be completed by Coordinator within each res household. 3. Address what measure place, or what systemic cha made to ensure the deficier not recur; From a logistical perspectiv Coordinator (CC) will have for the accurate completion L0200. The RD will no long responsibility for conducting health screening for each re will be completed by the CC	y will identify potential to be ent practice; C) team, QAPI entionist, and ving the survey ewing Section cussed as a Section L; the Clinical expective es will be put in anges will be nt practice will re, the Clinical direct oversight of Section L; er have go the oral esident as this		
	nurse (LPN #3) unitiabout the accuracy assessment on the the registered dietit completing section dental status. LPN	3 p.m., the licensed practical t manager was interviewed of Resident #47's dental 8/8/19 MDS. LPN #3 stated ian (RD) was responsible for L0200 regarding the resident's #3 stated the dental section was not accurate as the		4. Indicate how the facility monitor its performance to a solutions are sustained; The practice for completing L0200 will be permanently a Clinical Coordinator (CC).	make sure that Section L;		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495370	B. WING			C		
NAME OF B		493370	B. WING_	0.7	EDEET ADDRESS OFFI OTATE ZID SODE	10/	17/2019	
NAME OF PI	ROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE			
BRIDGEW	ATER HOME , INC.				22 NORTH SECOND STREET			
	,			BF	RIDGEWATER, VA 22812			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 641	Continued From page	2	F 6	41				
	teeth.	decay on the lower front m., the facility's RD was			Include date(s) when the correctiv action will be completed for each identified deficient practice.	е		
	interviewed about the Resident #47's teeth. completed the dental nursing notes and cor resident and staff about The RD stated she die examination of the resident	inaccurate assessment of The RD stated she section by reviewing the nducting interviews with the jut any eating problems. Id not perform an actual sident's teeth/mouth. The jut and the complete section at did not actually feel			This practice will be fully implemented 10/28/19. Overview of Section L; 0200 regarding additional residents that may affected by this practice will be comple by 11/4/19.	be		
	section L0200, "If the partials, examine for I remove, and examine exam of the resident's dentures or partials rethe denture or partial L0200D, obvious or liteeth: if any cavity or This finding was review	ent 3.0 User's Manual -2 regarding completion of the resident has dentures or the resident has dentured with the the resident has dentured and the resident has dentured broken tooth is seen" (1)						
F 688 SS=D	(1) Long-Term Care F Instrument 3.0 User's Centers for Medicare Revised October 2019 Increase/Prevent Dec	Facility Resident Assessment Manual, Version 1.17.1, & Medicaid Services, 9. srease in ROM/Mobility	F 6	i888			11/20/19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495370	B. WING _			C 10/17/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812		1071172010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 688	resident who enters range of motion does range of motion unle condition demonstrat of motion is unavoidal §483.25(c)(2) A residence for expression of motion receives appropriate assistance to maintat the maximum practic reduction in mobility. This REQUIREMENT by: Based on observation record review, facility positioning device and were in place for one #51. Findings included: Resident #51 was one on 05/09/1995 and rediagnoses including, Palsy, Seizures, Spatand Legal Blindness. The most recent MD an annual assessment reference date of 08/0 assessed as severely	cility must ensure that a the facility without limited is not experience reduction in set the resident's clinical test that a reduction in range able; and dent with limited range of ropriate treatment and range of motion and/or to ease in range of motion. Ident with limited mobility services, equipment, and in or improve mobility with eable independence unless a is demonstrably unavoidable. It is not met as evidenced on, staff interview, and clinical or staff failed to ensure a hand and an arm positioning device of 28 residents, Resident inginally admitted to the facility eadmitted on 06/03/2013 with but not limited to: Cerebral stic Quadriplegia, Aphasia,	F	F-688 Increase/Prevent Decre ROM/Mobility; 1. Address how corrective ad accomplished for those resided have been affected by the defi practice. Resident #51 will have the ord positioning devices: stuffed modern comfort/contractures and the begrip for contractures applied events and the begrip for contractures applied events applied	ertion will be nts found to cient ered onkey for olue palm very AM and be ninistration daily by the	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495370	B. WING		4	C	
NAME OF D	ROVIDER OR SUPPLIER	40070	1	STREET ADDRESS, CITY, STATE, ZIP COD		0/17/2019	
NAIVIE OF F	ROVIDER OR SUFFLIER			, , , ,) <u>L</u>		
BRIDGEW	ATER HOME , INC.			302 NORTH SECOND STREET			
				BRIDGEWATER, VA 22812			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 688	Continued From pag	e 4	F 68	8			
	skills.			affected by the same deficier	nt practice;		
	12:15 p.m. in the living Broda chair. No posobserved. Resident #51's clinic 10/16/2019 at 9:26 a comprehensive care following: "Impaired daily living] Deficit remaintain my strength as evidenced by part Care ProgramI have provides me with correstorative PROM [pdevice to help with mith positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of contraright hand, Monkey in the positioning my mand control of co	plan (CCP) was the ad mobility/ADL [activities of lated to contracturesI will and ROM [range of motion] cicipation in my Restorative as a stuffed monkey that affort and is also used per assive range of motion] as a any contractures. Assisting anonkey to help with comfort actures. Blue palm grip to the an right hand for positioning.		Assistive and positional device resident will be placed in Poil and included in the Resident to ensure accuracy of application Charge Nurse will include or assistive and positional device TAR to ensure application who monitoring is required. 3. Address what measures place, or what systemic chan made to ensure the deficient not recur; Systemic changes in the production adding the assistive and positive and positive in Point of Care, Resistests, and TAR. This will procomprehensive approach to the side of	nt of Care Care Sheets ation. The dered dese in the nen additional will be put in ges will be practice will dess include tional dident Care ovide a more		
	On 10/16/2019 at 10 observed in the living Broda chair. No palm were in place as pos #51 was observed as bed, again without his place. On 10/16/2019 at 3:3 observed with LPN #4 LPN #4 noted that the not in place. LPN #4 and retrieved lamina diagrams) for device door. LPN #4 proceed.	ff with HS [bedtime] care" :30 a.m., Resident #51 was groom area, reclined in a m grip or stuffed monkey itioning devices. Resident gain at 3:25 p.m. lying in his s palm grip or monkey in :30 p.m., Resident #51 was 14 (licensed practical nurse). e positioning devices were went to the resident's closet ted directions (picture placement from the closet eded to place the palm guard ght hand and positioned the		 devices are in place consiste 4. Indicate how the facility promote its performance to modulitions are sustained; The performance of this new be monitored weekly (Wedner during our Clinical Coordinate meeting. 5. Include date(s) when the action will be completed for exidentified deficient practice. This new process will be impole November 6, 2019 with a corror November 20th, 2019. 	process will esday's) or and QAPI ecorrective each		

		(X3) DATE SURVEY COMPLETED		
	495370	B. WING		C 10/17/2019
			STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	, 10/11/2010
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETION
stuffed monkey betwee side as shown on the interviewed regarding (certified nursing assi CNA left at 3:00 p.m. positioning devices. I weren't placed today. On 0/16/18 at approx (Occupational Therapregarding Resident #4 Other #4 stated, "We his arm to keep his ar at the elbow, but we chis stuffed monkey are he will hold onto it and the will hold onto it and the elbow, but we conference on 10/17/Bedrails CFR(s): 483.25(n)(1)-§483.25(n) Bed Rails The facility must atternatives prior to in a bed or side rail is us correct installation, us rails, including but no elements.	een his right arm and his directions. LPN #4 was Resident #51's CNA stant). LPN #4 stated, "His Normally the CNAs place don't know why his devices " Imately 3:45 pm Other #4 sist) was interviewed with 51's positioning devices. made a device to go around imfrom contracting inward decided to add more filling to ad use that instead because don't remove it." Id DON (director of nursing) above findings during a sey team on 10/16/2019 at m. No further information survey team prior to the exit 2019. In to use appropriate stalling a side or bed rail. If seed, the facility must ensure see, and maintenance of bed to the resident for risk of the second			11/6/19
§483.25(n)(2) Review	the risks and benefits of			
	CORRECTION ROVIDER OR SUPPLIER ATER HOME, INC. SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page stuffed monkey betwee side as shown on the interviewed regarding (certified nursing assi CNA left at 3:00 p.m. positioning devices. If weren't placed today. On 0/16/18 at approxi (Occupational Therapheregarding Resident #4 Other #4 stated, "We his arm to keep his ar at the elbow, but we conclude the stuffed monkey are he will hold onto it and The Administrator and were informed of the smeeting with the surv approximately 4:45 p. was received by the se conference on 10/17/2 Bedrails CFR(s): 483.25(n)(1)- §483.25(n) Bed Rails The facility must atter alternatives prior to in a bed or side rail is us correct installation, us rails, including but not elements. §483.25(n)(1) Assess entrapment from bed	ATER HOME , INC. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 stuffed monkey between his right arm and his side as shown on the directions. LPN #4 was interviewed regarding Resident #51's CNA (certified nursing assistant). LPN #4 stated, "His CNA left at 3:00 p.m. Normally the CNAs place positioning devices. I don't know why his devices weren't placed today." On 0/16/18 at approximately 3:45 pm Other #4 (Occupational Therapist) was interviewed with regarding Resident #51's positioning devices. Other #4 stated, "We made a device to go around his arm to keep his arm from contracting inward at the elbow, but we decided to add more filling to his stuffed monkey and use that instead because he will hold onto it and not remove it." The Administrator and DON (director of nursing) were informed of the above findings during a meeting with the survey team on 10/16/2019 at approximately 4:45 p.m. No further information was received by the survey team prior to the exit conference on 10/17/2019. Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following	A BUILDING A SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 stuffed monkey between his right arm and his side as shown on the directions. LPN #4 was interviewed regarding Resident #51's CNA (certified nursing assistant). LPN #4 stated, "His CNA left at 3:00 p.m. Normally the CNAs place positioning devices. 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If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.	A BUILDING 495370 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 28112 SUMMARY STATEMENT OF DEFICIENCIES EACH CORRECTIVE ACT THE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION) Continued From page 5 Stuffed monkey between his right arm and his side as shown on the directions. LPN #4 was interviewed regarding Resident #51's CNA (certified nursing assistant). LPN #4 stated, "His CNA left at 3:00 p.m. Normally the CNAs place positioning devices. I don't know why his devices weren't placed today." On 0/16/18 at approximately 3:45 pm Other #4 (Occupational Therapist) was interviewed with regarding Resident #51's positioning devices. 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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	, ,	TE SURVEY MPLETED
		495370	B. WING _		1	C 0/17/2019
	ATER HOME, INC.		•	STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 700	Continued From page		F 7	00		
	bed rails with the res representative and of to installation.	dent or resident otain informed consent prior				
		e that the bed's dimensions e resident's size and weight.				
	and maintaining bed This REQUIREMENT	d specifications for installing				
	by: Based on observation, facility document review, staff interview and clinical record review, the			F-700 Bedrails;		
	facility staff failed to a alternatives and asse to use of bed rails for survey sample (Resid	attempt appropriate less for entrapment risks prior four of 28 residents in the dents #10, #23, #37 and 0 and #23 used special rails without a prior		Address how corrective active accomplished for those residents have been affected by the deficient practice. A new and appropriately proport mattress to accommodate the wiframe was placed on resident#1	s found to ent ioned ider bed	
	The findings include:			10/23/19 by maintenance. Follow safety check for bed/mattress co	wed by a	
	11/21/13 with a re-ad Diagnoses for Reside schizoaffective disord depression, bladder s sleep apnea, chronic disease, spinal stend and diabetes. The m dated 7/11/19 assess and long-term memo impaired cognitive ski	ent #10 included der, bipolar disorder, spasms, anxiety, anemia, obstructive pulmonary sis, macular degeneration, inimum data set (MDS) sed Resident #10 with short ry problems and severely ills. This MDS listed the extensive assistance of two		An updated Bed Safety Siderail Entrapment Assessment will be completed by 10/30/19. Residen a successful safety electrical che air mattress pump on 10/25/19. updated Bed Safety Siderail Ent Assessment will be completed b 10/30/19. BRC does not require physician's order for an air mattrair mattress was listed in "point of per our policy. Resident #105 wi updated Bed Safety Siderail Ent Assessment completed by 10/30 Resident #37 will have an updat	eck for the An rrapment y a ress, the of care" as ill have an rrapment 0/19.	
	On 10/15/19 at 12:55	p.m., Resident #10 was		Safety Siderail Entrapment Asse		

		TE SURVEY MPLETED				
		495370	B. WING		1	C 0/17/2019
NAME OF P	ROVIDER OR SUPPLIER	100000		STREET ADDRESS, CITY, STATE, ZIP COD		0/17/2019
				302 NORTH SECOND STREET		
BRIDGEW	ATER HOME , INC.			BRIDGEWATER, VA 22812		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 700	Continued From page	e 7	F 70	00		
	resident was raising the chair unassisted. On 10/16/19 at 10:00 environment was ins	air in the day area. The up, attempting to get out of a.m., Resident #10's bed bected. The resident's bed th side rails in the raised		completed by 10/30/19. Our of Safety Siderail Entrapment As and consent forms will be revupdated by November 6, 2019 verbiage regarding risks asso the use of siderails and altern siderails when appropriate.	ssessment ised and 9 to include ociated with	
	position near the head concave shaped mat approximately 6-inch mattress to the headl approximately a 2-inc	d of the bed. There was a tress on the bed with an gap from the end of the board. There was ch gap from the bottom of		Address how the facility other residents having the poraffected by the same deficien	tential to be t practice;	
	potential entrapment concave mattress wit #10's clinical record. physician's order date	ed's footboard. sment of bed safety or risks related to use of the th the side rails in Resident The record documented a ed 9/5/17 for "2 half side rails o enable self turning and		BRC will implement the newly Safety Siderail Entrapment As 11/6/19. This assessment will to be completed: Quarterly, A significant change in the residencondition, Anytime the residencompliment is changed (air madditional siderail).	ssessment be required noted dent's nt's eattress, or	
	11/21/13 listed the re awareness, no cognit	rail assessment dated sident had no altered safety tive decline and required the pendence and mobility.		 Address what measures place, or what systemic chang made to ensure the deficient not recur; 	ges will be	
	rails listed on the ass record. Resident #10 11/21/13 documentin had been explained to on the form. The recassessment regardin no other bed rail asserbed Resident #10's clinical resident had a history	attempted alternatives to the dessment or in the clinical b's signed a consent form on g the potential risks for rails but no risks were identified ord documented no bed g the concave mattress and dessment since 11/21/13. The potential record documented the g of falls with the resident		The systemic change in pract reviewed weekly during our C Coordinator and QAPI meeting Wednesday. If a resident requirement bed, rails, etc. Nursing will notify make for further assessment and applacement of the needed item. 4. Indicate how the facility promonitor its performance to make the reviewed as the process of	Clinical ags each uires mattress, naintenance apropriate as.	
		to get out of her bed and/or nce. On 7/29/19,Resident		solutions are sustained;		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
			7 . BOILDII				С
		495370	B. WING _				/17/2019
NAME OF P	ROVIDER OR SUPPLIER			S1	TREET ADDRESS, CITY, STATE, ZIP CODE		
BRIDGEW	ATER HOME , INC.			30	02 NORTH SECOND STREET		
BRIDGENATER HOME, INC.			В	RIDGEWATER, VA 22812			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 700	Continued From page	8	F 7	700			
F 700	#10's rolled out of bed resulting in a skin teal abrasion. The concardocumented in use at Resident #10's had at type chair on 5/28/19, 10/4/19. Resident #10's plan of listed the resident was impulsive behaviors, spoor safety awareness impairment, auditory lattempts to self-transf. The plan documented make poor/un-safe demobility and transfers educate/correct. I have can be difficult for starsafer alternatives" I prevent falls included mattress is on bed whowest position, with be and now has (2) matter to prevent injury if Resident for an extending was interviewed. CNA concave mattress had resident for an extending was able to pull or hoperformed. CNA #1's	d onto protective floor mats to her right arm and a knee we mattress was the time of this fall. dditional falls from a Broda 8/26/19, 10/2/19 and f care (revised 10/11/19) s at high risk of falls due to severe cognitive impairment, s, history of falls, visual nallucinations/delusions and fer without staff assistance. I, "I [Resident #10] often ecisions regarding safe and do not like staff to try to we impulsive Behaviors that ff to anticipate or re-direct to interventions listed to "assure concave hich is a wider bed, bed in hody pillows for positioning resses next to bed on floor s. [resident] self-transfers Two side rails were listed re summary as an "enabler." a.m., the certified nurses' ly caring for Resident #10 A #1 stated the rails and d been in place with the led time. CNA #1 stated as awake and alert, she d the rails when care was stated Resident #10 did not e rails to sit in bed and	F 7	700	Quarterly reports will be generated via EMR for QAPI oversight. Our Maintenance Director will receive the generated list to ensure bed inspection are current and accurate for all residen 5. Include date(s) when the corrective action will be completed for each identified deficient practice. Resident #10's mattress corrected 10/23/19. Resident #23 successful inspection of air mattress pump 10/25/Resident #10, #23, # 105, & # 37 will hupdated Bed Safety Siderail Entrapment Assessments completed by 11/6/19. Be Safety Siderail Entrapment Assessment and consent forms will be revised and updated by November 6, 2019 to including regarding risks associated with the use of siderails and alternatives to siderails when appropriate.	s ts. e 19. ave nt ed it	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			, , ,	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495370	B. WING		1	C 0/17/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812		0/1//2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 700	nurse (LPN #3) unit rabout bed rail assess #3 stated bed rail assupon admission to se responsible party waif any re-assessment completed, LPN #3 sif the interdisciplinary or if therapy made a rails. When asked all Resident #10's bed rails. When asked all Resident #10's bed rails attempted alternative stated maintenance is mattress and was reschecks when mattress on /10/16/19 at 2:47 (DON) was interview bed rail safety. The late facility were purchaccording to the bed entrapment zones. It measurement devices specialty mattresses maintenance perform again stated the bed have entrapment risk letter from the bed muith rails and mattress facility in 2009.	p.m., the licensed practical manager was interviewed sments and bed safety. LPN sessments were completed be if the resident and/or inted the rails. When asked of the bed rails was tated rails were re-assessed interested team felt there was a need recommendation about the pout any assessment of all use since 11/21/13, LPN is see a recent assessment. The ad no knowledge of any is to the bed rails. LPN #3 installed the concave sponsible for bed safety sees were changed. p.m., the director of nursing led about assessments for DON stated all the beds in the hased after 2006 and manufacturer, had no the DON stated a gap was ordered in case were used. The DON stated are bed safety checks and is in use in the facility did not its. The DON presented a lanufacturer stating the beds sees were purchased by the p.m., the maintenance fif #2) was interviewed about its. The maintenance checked	F 70				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTI			ICTION	(X3) DATE	SURVEY PLETED		
		495370	B. WING _				C 17/2019
	ATER HOME , INC.			302 NORTH	DRESS, CITY, STATE, ZIP CODE SECOND STREET ATER, VA 22812	1 10/	17/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E ROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
	sure the mattress and and that the side rails maintenance director "gap measurements" manufacturer informe FDA [Food and Drug guidelines when the base maintenance director mattress was installed supposed to be performed to	stated they checked to be a bed were in good condition functioned properly. The stated he did not perform because their bed d them they complied with Administration] bed safety beds were purchased. The stated if a specialty d, a bed safety check was rmed. o.m., accompanied by the sor, Resident #10's bed, re inspected. The sor was shown and approximately 6-inch gap and the head of the bed. Pervisor identified Resident between the maintenance cerning the gap, "Yes. The maintenance supervisor had not been performed on the save mattress in place. The sor stated he was not aware a had been installed and that was a "wide" bed and not the discreption of the section records. Bed recently inspected in there was no evidence the sin place at the time of the	F	700			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495370	B. WING			C 10/17/2019
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, Z 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	IP CODE	10/17/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICII	ACTION SHOULD BE	
F 700	stated Resident #10 mattress in May 201 concave mattress waresident was having These findings were administrator and DC 10/16/19 at 4:45 p.m. 2. Resident #23 was 12/23/13 with diagnor heart failure, high blochronic kidney diseatremors, diabetes with The minimum data sassessed Resident #2 cognitive skills and a assistance of two pe On 10/15/19 at 3:30 bed. Two quarter lerinaised position near alternating air mattree Resident #23 was of 10:00 a.m. and 11:00 mattress in place with Resident #23's clinic assessment of entra bed rails with the alternating air mattree any prior attempted at Resident #23's clinic physician's order dat (at) head of bed to e repositioning." The waste air mattress but in the air mattress but in the air mattress but in the sident mattress but in the air mattress but in the sident mattress in place with the sident mattress but in the sident mattress in place with the sident mattress but in the sident mattress in place with the sident mattress	es to the rails. The DON started using the concave 9. The DON stated the as put in place because the frequent falls. reviewed with the DN during meetings on and 10/17/19 at 10:20 a.m. admitted to the facility on eses that included congestive bod pressure, spinal stenosis, se, chronic pain, anxiety, the neuropathy and anemia. The facility of the facility of the facility of the property of the facility of the facility of the facility of the property of the facility of the f	F7	700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495370	B. WING _			C 10/17/2019
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP COE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812)E	10/11/2013
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F 700	12/23/13 and listed to safety awareness, no history of falls and to increased safety premention of any risks resident's use of bed required the rails to perform to provide safety. The alternatives to side nor in the clinical recent the resident on 12/25 potential risks for rail risks of the rails were form. The record do assessment regarding other bed rail assess. Resident #23's plan had impaired decision and was at risk of fall weakness and incomprevent falls included needed/appropriate. Of attorney] request for safety and to propositioning" The part of the resident resident requests for safety and to propositioning" The part of the resident resident requests for safety and to propositioning" The part of the resident resi	e rail assessment was dated he resident had no altered o cognitive decline, had a look medications that required cautions. This form made no associated with the distribution rails and stated the resident promote independence and there were no attempt ails listed on the assessment and accumented the listed on the assessment of the distribution of the identified or listed on the accumented no bed and the air mattress and no sment since 12/23/13. The promote independence and the identified or listed on the accumented had been explained but no end the air mattress and no sment since 12/23/13. The promote independence and the identified or listed on the accumented no bed and the air mattress and no sment since 12/23/13. The promote independence and the identified or listed on the accumented no bed and the identified or listed the resident on-making, impaired vision alls due to limited mobility, tinence. Interventions to did, "side rail use as Resident and POA [power use of 2 1/2 upper siderails	F 7	700		
	aide (CNA #1) routin was interviewed. CN #23 was awake and hold the rails when o stated Resident #23	ely caring for Resident #23 NA #1 stated when Resident alert, she was able to pull or are was performed. CNA #1 did not independently use d required help from staff for				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	DE	10/11/2013
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF CC ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 700	Continued From page	ge 13	F 7	700		
	nurse (LPN #3) unit about bed rail asses #3 stated bed rail asses #3 stated bed rail as upon admission to see responsible party where reassess team felt there was recommendation about any assessment bed rails use since did not see a recent she had no knowled alternatives to the best maintenance installed responsible for bed mattresses were checked and the responsible for bed mattresses were checked rail safety. The the facility were pur according to the best entrapment zones, measurement device specialty mattresses maintenance perfor beds/mattresses an facility did not have presented a letter from the sasses was read to the second of the	anager was interviewed sements and bed safety. LPN seessments were completed see if the resident and/or anted the rails. LPN #3 stated sed if the interdisciplinary a need or if therapy made a sout the rails. When asked sent regarding Resident #23's 12/23/13, LPN #3 stated she assessment. LPN #3 stated she assessment. LPN #3 stated she assessment. LPN #3 stated sed the air mattress and was safety checks when anged. 7 p.m., the director of nursing wed about assessments for DON stated all the beds in chased after 2006 and dimanufacturer, had no The DON stated a gap e was ordered in case is were used. The DON stated med safety checks on diagain stated the beds in the entrapment risks. The DON om the bed manufacturer in rails and mattresses were				
	supervisor (other stated bed safety inspection supervisor stated here.)	p.m., the maintenance aff #2) was interviewed about ons. The maintenance				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			, ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	400070		STREET ADDRESS, CITY, STATE, ZIP CODE	10/17/2019	
BRIDGEW	ATER HOME , INC.			302 NORTH SECOND STREET BRIDGEWATER, VA 22812		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION	
F 700	sure the mattress and and that the side rails maintenance director "gap measurements" manufacturer informe FDA bed safety guide purchased. The main specialty mattress was check was supposed. On 10/16/19 at 4:32 pmaintenance supervisities and mattress we maintenance supervisities and mattress in using maintenance supervisities are mattress in using performed a bed inspin place. The maintenance supervisities are mattress in using performed a bed inspin place. The maintenance supervisities are maintenance supervisities. The maintenance supervisities are maintenance supervisities are maintenance supervisities. The maintenance supervisitie	stated they checked to be d bed were in good condition of functioned properly. The stated he did not perform because their bed at them they complied with elines when the beds were intenance director stated if a las installed, a bed safety to be performed. D.m., accompanied by the sor, Resident #23's bed, are inspected. The sor was interviewed about the on the bed. The sor stated he had not section with the air mattress mance director stated he was stress was installed on the coed director identified and #102. Dervisor presented bection records. Bed bet recently inspected in there was no documentation in place at the time of the distress had been in use	F 70			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	1	;	STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	10/11/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 700	palsy, intellectual disdermatitis and hyperminimum data set (Nesident #105 with skills and to require one person for bed in the raised position. The resident was obraised side rails on the bed rails and no to the bed rails. Resident #105's clin assessment for entrathe bed rails and no to the bed rails. Resident #105's clin physician's order darail @ (at) head of brepositioning." The most recent side 4/1/09 and listed the safety awareness, in history of falls. This any risks associated bed rails and stated to promote independent the safety awareness. The resident/family safety awareness awareness. The resident/family safety awareness awarenes	es that included cerebral sability, high blood pressure, tensive retinopathy. The MDS) dated 9/19/19 assessed moderately impaired cognitive the extensive assistance of mobility. p.m., Resident #105 was a two quarter length bed rails a near the head of the bed. served in bed again with 10/16/19 at 7:53 a.m. ical record documented no apment risks related to use of prior attempted alternatives ical record documented a ted 4/24/18 for, "2 half side ed to enable self turning and erail assessment was dated a resident had no altered to cognitive decline and no form made no mention of with the resident's use of the resident required the rails dence and to provide safety. In a term of the clinical record. Signed a consent form on the potential risks for the ined but no risks were and the record documented.	F 700		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		495370	B. WING _			10/17/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
BRIDGEW	ATER HOME , INC.			302 NORTH SECOND STREET BRIDGEWATER, VA 22812		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIA	
F 700	listed in the resident of resident used two-hall head of the bed as an On 10/16/19 at 1:45 gaide (CNA #1) routing was interviewed. CN able to use the rails to On 10/16/19 at 1:52 gnurse (LPN #3) unit nabout bed rail assess #3 stated bed rail assess upon admission to se responsible party war rails were re-assesse team felt there was a recommendation about any assessment bed rails use since 4/ not see a recent asses had no knowledge of to the bed rails. LPN was able to use the recommendation about any assessment bed rails affety. The I the facility were purcled according to the bed entrapment zones. The facility did not have expresented a letter from the side of the persented a letter from the persented and the persent	of care (revised 9/26/19) care summary that the If length side rails at the n "enabler." o.m., the certified nurses' ely caring for Resident #105 IA #1 stated the resident was o turn partially in bed. o.m., the licensed practical manager was interviewed ments and bed safety. LPN sessments were completed ee if the resident and/or nted the rails. LPN #3 stated ed if the interdisciplinary need or if therapy made a nout the rails. When asked not regarding Resident #105's I/1/09, LPN #3 stated she did essment. LPN #3 stated she any attempted alternatives #3 stated Resident #105 ails to turn in bed. p.m., the director of nursing ed about assessments for DON stated all the beds in mased after 2006 and manufacturer, had no The DON stated a gap was ordered in case were used. The DON stated	F 7	700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495370	B. WING			C 10/17/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 302 NORTH SECOND STREET BRIDGEWATER, VA 22812		10/1//2019
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F 700	and DON during mer p.m. and 10/17/19 at 4. Resident #37 was 5/19/16 with a re-adr Diagnoses for Resid kidney disease, chrodisease, atrial fibrilla hypothyroidism, blace pressure, heart failur minimum data set (MResident #37 with m skills and as requiring two people for bed in two people for bed in two quarter lengular position near the hear Resident #37's clinical assessment for entrate the bed rails and no to bed rail use. Resident #37's clinical assessment for entrate the bed rails and no to bed rail use. Resident #37's clinical physician's order data rails @ (at) head of the repositioning." The most recent side 5/9/16 and listed the awareness due to confalls, poor bed mobil hypotension, poor bed	ewed with the administrator etings on 10/16/19 at 4:45 at 10:20 a.m. admitted to the facility on mission on 10/3/19. ent #37 included chronic nic obstructive pulmonary tion, dementia, der cancer, high blood are and arthritis. The MDS) dated 8/1/19 assessed oderately impaired cognitive g the extensive assistance of nobility. Diam., Resident #37's bed pected. The resident's bed th side rails in the raised	F 70			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	' '	(X3) DATE SURVEY COMPLETED	
		495370	B. WING _			C 10/17/2019
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F 700	risks associated with rails and did not indi recommendation reg bed rails (recommen There were no prior rails listed on the assecord. The resident consent form on 5/1½ potential risks for rairisks were identified documented no bed entrapment risks sin The clinical record discontent to get out on note dated 8/16/19 of found with his legs of attempting to get out on 10/4/19 document disoriented and atterchair unassisted and re-direction. Resident #37's plan listed the resident with impaired decision-mer falls. Interventions fincluded, "siderail Resident and POA residerails for safety a positioning while in the self by using the correction. On 10/16/19 at 1:49 aide (CNA #1) routing was interviewed. Chused the bed rails with the self silver with the silver with the self silv	rm made no mention of any the resident's use of bed cate any evaluation and/or parding the resident's use of dation section was blank). attempted alternatives to side sessment or in the clinical t's family member signed a 29/16 documenting the las had been explained but no on the form. The record rail assessment regarding ce 5/9/16. Socumented attempts by the fibed unassisted. A nursing locumented the resident was ver the bedside table, of bed. An additional note ted the resident was mpting to climb out of his laws not responsive to of care (revised 10/3/19) as at risk of falls due to aking skills and a history of or fall/injury prevention use as needed/appropriate. equest use of 2 1/2 upper and to promote turning and need and to be able to position	F7	700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	DDE	10/11/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 700	nurse (LPN #3) unit is about bed rail assess #3 stated bed rail assupon admission to se responsible party was rails were re-assesse team felt there was a recommendation about any assessme bed rails use since 5 not see a recent asses had no knowledge of to the bed rails. LPN able to hold the rails bed mobility. On /10/16/19 at 2:47 (DON) was interview bed rail safety. The the facility were pure according to the bed entrapment zones. The measurement devices specialty mattresses maintenance perform beds/mattresses and facility did not have expresented a letter frostating the beds with purchased by the facility finding was revi	p.m., the licensed practical manager was interviewed sments and bed safety. LPN sessments were completed see if the resident and/or inted the rails. LPN #3 stated and if the interdisciplinary in need or if therapy made a put the rails. When asked int regarding Resident #37's /9/16, LPN #3 stated she did essment. LPN #3 stated she frany attempted alternatives if #3 stated Resident #37 was when staff assisted him with in p.m., the director of nursing ed about assessments for DON stated all the beds in hased after 2006 and manufacturer, had no of the DON stated a gap was ordered in case were used. The DON stated in dagain stated the beds in the entrapment risks. The DON in the bed manufacturer rails and mattresses were stillity in 2009.	F7	700		
F 756	•	ew, Report Irregular, Act On	F 7	756		11/13/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		495370	B. WING _			C 10/17/2019
	/IDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	 	10/11/2013
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F 756 C	ontinued From pag	e 20	F 7	56		
SS=E C	FR(s): 483.45(c)(1))(2)(4)(5)				
se milici se an circi aci be pl the se milici aci lire ac	tust be reviewed at censed pharmacist. 483.45(c)(2) This refer the resident's medial director and director and the irregularities are treated the irregularity has been calcium that has been take the irregularity has been calcium the irregularity has been calcium the irregularity has been calcium the irregularity the irregularity has been calcium the irregularity the irregulari	rug regimen of each resident least once a month by a seview must include a review dical chart. Inarmacist must report any ttending physician and the actor and director of nursing, aust be acted upon. and, but are not limited to, any criteria set forth in paragraph an unnecessary drug. noted by the pharmacist aust be documented on a ort that is sent to the and the facility's medical of nursing and lists, at a ant's name, the relevant drug, he pharmacist identified. The pharmacist identified reviewed and what, if any, and to address it. If there is to medication, the attending cument his or her rationale in				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER	455576		STREET ADDRESS, CITY, STATE, ZIP CODE	10/17/2019	
				302 NORTH SECOND STREET		
BRIDGEW	ATER HOME , INC.			BRIDGEWATER, VA 22812		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE COMPLETION	
F 756	Continued From page		F 75	6		
F 756	requires urgent action This REQUIREMENT by: Based on clinical recinterview, the facility's failed, for six of 28 resample, to identify an irregularities to the Niphysician/Medical Dirpharmacist failed to id 60, 25, 32, and 3 as has needed (PRN) psy extended for more that date. The findings were: 1. Resident # 69 was 9/8/18 with diagnoses coronary artery disea osteoporosis, Non-Aldisorder, and depress recent Minimum Data Change with an Asse (ARD) of 8/22/19, the under Section C (Cog Summary Score of 07 Resident # 69's Electincluded the following psychotropic medicate 0.5 mg (milligrams) -	to protect the resident. Is not met as evidenced sord review and staff as consultant pharmacist sidents in the survey of report medication curse Practitioner/attending rector. The consultant dentify Residents # 69, 86, naving physician orders for rechotropic medications that an 14 days without a stop as that included anemia, see, hypertension, arthritis, where it is dementia, anxiety sion. According to the most a Set (MDS), a Significant sement Reference Date resident was assessed unitive Patterns) as having a rout of 15. Tonic Health Record (EHR) in physician's orders for PRN ions: Xanax (Alprazolam) 0.5 mg by mouth every 6	F 75	F-756 Drug Regimen Review; 1. Address how corrective action of accomplished for those residents for have been affected by the deficient practice. Medication orders for residents iden #69, #86, #60, #25, #32, and #3 had orders revised during the survey to an official stop date for the PRN medications that extended beyond 1 days. 2. Address how the facility will ide other residents having the potential affected by the same deficient pract. In collaboration with our Medical Dir and FNP we are developing a specific PRN template to include the following medications: anti-psychotic, anti-depressant, anti-anxiety, and hypnotic. The language for the newly developed template will include: a splength of time for the PRN medication indicate the reasoning for extending PRN medication beyond 14 days. The ensure consistency among all physical processing the process of the pr	und to utified d reflect 14 ntify to be ice; rector fic ng y pecific on and the his will	
	hours as needed for a date and start date w stop date listed on the E-MAR (Electronic M Record), Xanax was	enxiety disorder. The order ere 9/24/19. There was no e order. According to the edication Administration administered once on each 10/7/19, 10/9/19, and		orders for PRN medications. 3. Address what measures will be place, or what systemic changes will made to ensure the deficient practic not recur;	put in	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED
		495370	B. WING			,,	C
NAME OF D	ROVIDER OR SUPPLIER	493370	B: Willo	CTI		10)/17/2019
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
BRIDGEW	ATER HOME , INC.				2 NORTH SECOND STREET		
	•			BR	RIDGEWATER, VA 22812		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 756	According to Reside Regimen Review was consultant pharmacis to the Nurse Practitic review noted the folloinformation available and assuming the acsuch information, it is that at such time, the regimen contained in pharmacist's review resident's 9/24/19 Pl having a stop date. At 9:25 a.m. on 10/1 pharmacist was interested about the concernedications being of the pharmacist was them. "We monitor to Reduction)," the phasay that, "We do not PRN medications. Vidays worth of medicalitics available and the residual pharmacist was at them. "We monitor to the pharmacist was them."	nt # 69's EHR, a Medication as conducted by the st on 10/9/19 and forwarded oner. The pharmacist's owing, "Based upon the e at the time of the review, occuracy and completeness of s my professional judgement e resident's medication o new irregularities." The failed to identify the RN Xanax order as not	F 7	756	Wellness concepts Pharmacy attends of QAPI meetings on a monthly basis. Ou QAPI team will run a PRN report to reviduring our QAPI meeting. Any discrepancies in this new process and practice will be addressed at that time. 4. Indicate how the facility plans to monitor its performance to make sure to solutions are sustained; BRC will utilize our QAPI reporting tool and systems to monitor performance for the new PRN template. Information will tracked on a monthly basis to evaluate trends in practice and standards. 5. Include date(s) when the corrective action will be completed for each identified deficient practice. The PRN template is in process for our QAPI review. Completion date for the PRN template will be November 13, 20	ir riew hat s or I be e	
		et a stop date, but that "We to justify the use beyond 14					
	included the Director	10:00 a.m. on 10/17/19, that r of Nursing, Administrator, the discussion with the ewed.					
	6/10/19 with diagnost heart failure, hyperte	es admitted to the facility on ses that included anemia, ension, depression, oflux disease, pleural effusion,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495370	B. WING _			C 0/17/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 302 NORTH SECOND STREET BRIDGEWATER, VA 22812		0/17/2019	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 756	and hypothyroidism. recent MDS, a Quarte 9/9/10, the resident w C (Cognitive Patterns Score of 06 out of 15 Resident # 86's EHR physician's order for a medication: Lorazep (milligrams per millilit 0.5 ml by mouth ever anxiety, for end of life date and start date w stop date listed on the According to Residen Regimen Review was consultant pharmacist to the Nurse Practitio review noted the follo information available and assuming the account information, it is that at such time, the regimen contained not pharmacist's review fresident's 10/1/19 PR having a stop date. 3. Resident # 60 was 5/25/19 with diagnose hypertension, orthost hypotension, gastroes ulcerative colitis, diab hyperlipidemia, Parki chronic obstructive pipain syndrome, restleapnea, and dysphagi	According to the most erly review with an ARD of vas assessed under Section is) as having a Summary. included the following a PRN psychotropic am Intensol 2 mg/ml er) oral concentrate. Give y 3 hours as needed for exare, agitation. The order ere 10/1/19. There was no exorder. It # 86's EHR, a Medication is conducted by the extra on 10/9/19 and forwarded interest on 10/9/19 and forwarded interest. The pharmacist's eximing, "Based upon the extra the time of the review, curacy and completeness of my professional judgement resident's medication onew irregularities." The ailed to identify the extra complete to the facility on est that included heart failure, attic sophageal reflux disease,	F 7	756			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495370	B. WING _				7/2019
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	1772010
BRIDGEW	ATER HOME , INC.			3	302 NORTH SECOND STREET		
	, <u>.</u> ,			E	BRIDGEWATER, VA 22812		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 756	Continued From page	e 24	F 7	756			
	8/16/19, the resident Section C (Cognitive Summary Score of 10	Patterns) as having a					
	physician's order for a medication: Lorazepa - 0.5 ml = 1 mg by moneeded for anxiety/ag order date and start dwas no stop date listed. There was also a sect Lorazepam: Lorazepa concentrate. 1 ml by needed for moderate	am 2 mg/ml oral concentrate outh every 3 hours as gitation/end of life care. The late were 7/19/19. There ad on the order.					
	were 8/13/19. There the order. According to the E-Mathe Lorazepam order administered once on	was no stop date listed on AR in the resident's EHR,					
	Regimen Review was consultant pharmacis 10/9/19, and forwards The pharmacist's revi "Based upon the inform of the review, and assembleteness of such professional judgement resident's medication irregularities." The pharmacist 10/9/19/19/19/19/19/19/19/19/19/19/19/19/1	t on 8/14/19, 9/4/19, and ed to the Nurse Practitioner. ew noted the following, rmation available at the time suming the accuracy and information, it is my ent that at such time, the regimen contained no new narmacist's review failed to 7/19/19 PRN Lorazepam					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	COMPLETED
		495370	B. WING		C 10/17/2019
	ROVIDER OR SUPPLIER		3	STREET ADDRESS, CITY, STATE, ZIP CODE 102 NORTH SECOND STREET BRIDGEWATER, VA 22812	10/11/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION
F 756	Additionally, the Me conducted by the co 8/14/19, 9/4/19, and the Nurse Practition resident's 8/13/19 F having a stop date. 4. Resident #25 wa 03/16/18 with diagn hypertension, hyper Dementia with out be abnormal gait and refracture and gastro-(GERD). The most (MDS) dated 07/23/change assessmen severely impaired we daily decision making on 10/15/19 at 12:5 record was reviewe orders was the follo Order Date/Start Date 2mg/ml (milligrams/ (generic) - Give 0.5 hours as needed Foto) encounter for cophysician]." There was no document for cophysician order. A review of Resider revealed the consult monthly drug regiment May, June, July, Au 2019 the pharmacy following: "Based up at the time of the residence in the second manual conduction of the residence of the second manual consultation of the sec	dication Regimen Reviews consultant pharmacist on d 10/9/19, and forwarded to der, failed to identify the der N Lorazepam order as not des admitted to the facility on doses that included, dipidemia, Alzheimer's dehavioral disturbances, dehavioral disturbances, desophageal reflux disease desophageal reflux disease desophageal reflux disease desophageal reflux disease desophageal result disease des	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495370	B. WING		1	C 0/17/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812		0/11/2019	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 756	the resident's medical new irregularities." to indicate the pharm order for Lorazepam day prescription range. On 10/17/19 at 9:20 interviewed regarding psychotropic medical during the monthly dispharmacist stated "with for PRN medications do that." These findings were and director of nurse 10/17/19 at 10:15 a No additional informations survey team prior to a.m. 5. Resident #32 was 04/22/19 with diagnor Parkinson's Disease syndrome, delusional dementia. The most (MDS) dated 07/29/1 assessment, assess severely impaired for having long and show orders was the follow Order Date/Start Date	judgement that at such time, ation regimen contained no There was no documentation nacist identified the PRN as being outside of the 14 ge. a.m., the pharmacist was g identifying PRN tions with no stop date rug regimen reviews. The red on on manage stop dates s, we depend on the doctor to shared with the administrator e during a meeting on m. ation was provided to the exit on 10/17/19 at 11:00	F 75	56			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY OMPLETED
	495370	B. WING _			C 10/17/2019
NAME OF PROVIDER OR SUPPLIER BRIDGEWATER HOME, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	,	
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
LEWY BODY, anxiety DISORDERS; DEMEI [Name of Physician]." There was no stop da order. A review of Resident; revealed the consulta monthly drug regimen August, September, a pharmacy reviews do "Based upon the infor of the review, and ass completeness of such professional judgeme resident's medication irregularities." There indicate the pharmaci for Buspirone as being prescription range. On 10/17/19 at 9:20 a interviewed regarding psychotropic medicati during the monthly drug pharmacist stated "we for PRN medications, do that." These findings were sand director of nurse of 10/17/19 at 10:15 a.m.	EDERS; DEMENTIA WITH dagitation; DELUSIONAL NTIA WITH LEWY BODY; te for the PRN Buspirone #32's clinical record int pharmacist conducted reviews. For the months of and October 2019 the cumented the following: mation available at the time suming the accuracy and information, it is my int that at such time, the regimen contained no new was no documentation to st identified the PRN order g outside of the 14 day i.m., the pharmacist was identifying PRN ons with no stop date ug regimen reviews. The do not manage stop dates we depend on the doctor to shared with the administrator during a meeting on	F 7	56		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ISTRUCTION	(X3) DATE COMP	SURVEY LETED
		495370	B. WING				C 17/2019
	ROVIDER OR SUPPLIER			302 N	T ADDRESS, CITY, STATE, ZIP CODE ORTH SECOND STREET GEWATER, VA 22812	1 10/	17/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 756	facility on 11/25/2014 06/10/2019 with diagral limited to: Dementia, Congestive Heart Fair Fibrosis. The most recent MDS quarterly assessment reference date) of 10/2019 assessed as severely status with a total cognormal concentrate Resident #3's clinical 10/16/2019 at 8:07 a. sheet (POS) dated O "Order Date: 06/20 Lorazepam Intensol 2 oral concentrate Ghours As Needed 5m agitation; Behavior Subsequent review of (medication administration through October 2019 that Resident #3 recenteded) dose of Ativated Pharmacy reviews da September, and Octonew irregularities" interviewed via phone regarding why no recomade to the physician ordered for more than stated, "We monitor Oreduction]. We do not reduction."	and readmitted on noses including, but not Anxiety, Depression, lure, and Pulmonary 6 (minimum data set) was a with an ARD (assessment 101/2019. Resident #3 was impaired in her cognitive gnitive score of six out 15. record was reviewed on m. The physician order ctober 2019 included, /19, Start Date: 06/20/19 mg/ml [milligrams/milliliter] ive 0.5mls By Mouth Every 3 le 0.5 mgfor Anxiety For materials and the state of the state	F	756			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		TE SURVEY MPLETED
			7 11 2012311			С
		495370	B. WING _		1	0/17/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 756	were informed of the information during a r	d DON (director of nursing) above mentioned meeting with the survey at 10:15 a.m. No further	F 7	756		
F 758 SS=E	S483.45(e) Psychotron S483.45(c)(3) A psychaffects brain activities processes and behave but are not limited to, categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a compreheresident, the facility in S483.45(e)(1) Reside psychotropic drugs at unless the medication specific condition as a in the clinical record; S483.45(e)(2) Reside drugs receive gradual behavioral interventic contraindicated, in an drugs; S483.45(e)(3) Reside	ppic Drugs. hotropic drug is any drug that associated with mental rior. These drugs include, drugs in the following ensive assessment of a nust ensure that— ents who have not used re not given these drugs in is necessary to treat a diagnosed and documented ents who use psychotropic I dose reductions, and ens, unless clinically in effort to discontinue these ents do not receive	F 7	758		11/13/19
	Based on a compreheresident, the facility in §483.45(e)(1) Reside psychotropic drugs at unless the medication specific condition as a in the clinical record; §483.45(e)(2) Reside drugs receive gradual behavioral intervention contraindicated, in an drugs; §483.45(e)(3) Reside psychotropic drugs per second process of the facility of t	ents who have not used are not given these drugs in is necessary to treat a diagnosed and documented ents who use psychotropic I dose reductions, and ons, unless clinically in effort to discontinue these				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION	(X3) DATE SURV	
		495370	B. WING		C 10/17/20	n19
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	10/1//20	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE COM	(X5) MPLETION DATE
F 758	diagnosed specific of in the clinical record §483.45(e)(4) PRN are limited to 14 day §483.45(e)(5), if the prescribing practitio appropriate for the few beyond 14 days, he rationale in the residindicate the duration §483.45(e)(5) PRN drugs are limited to renewed unless the prescribing practition the appropriateness. This REQUIREMEN by: Based on clinical reinterview, the facility residents were free medications. Resid 3 had physician ord psychotropic medications. Resid 3 had physician ord psychotropic medication 14 days without The findings included 1. Resident # 69 with 9/8/18 with diagnosic coronary artery discosteoporosis, Non-Adisorder, and deprerecent Minimum Da Change with an Ass (ARD) of 8/22/19, the second of the clinical reconstruction of the coronary artery discosteoporosis, Non-Adisorder, and deprerecent Minimum Da Change with an Ass (ARD) of 8/22/19, the second of the clinical reconstruction of the coronary artery discosteoporosis, Non-Adisorder, and deprerecent Minimum Da Change with an Ass (ARD) of 8/22/19, the clinical reconstruction of the clinical reco	condition that is documented d; and orders for psychotropic drugs ys. Except as provided in a attending physician or mer believes that it is PRN order to be extended or or she should document their dent's medical record and in for the PRN order. orders for anti-psychotic 14 days and cannot be attending physician or mer evaluates the resident for soft hat medication. IT is not met as evidenced ecord review and staff y failed to ensure six of 28 of unnecessary psychotropic lents # 69, 86, 60, 25, 32, and lers for as needed (PRN) ations that extended for more at a stop date. e: as admitted to the facility on es that included anemia, ease, hypertension, arthritis, Alzheimer's dementia, anxiety ission. According to the most ta Set (MDS), a Significant sessment Reference Date he resident was assessed opgnitive Patterns) as having a	F 75	F-758 Free from Unnec Psychot Meds/PRN 1. Address how corrective actic accomplished for those residents have been affected by the deficie practice. Medication orders for residents is #69, #86, #60, #25, #32, and #3 orders revised during the survey an official stop date for the PRN medications that extended beyor days. Our new PRN template will our MD, FNP to thoroughly asses appropriate use for anti-psychotic anti-depressant, anti-anxiety, and hypnotic. For medications will to discontinue those medications	con will be so found to ent dentified had to reflect and 14 I require so the co, di ing be made	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495370	B. WING		C 10/17/2019
NAME OF D	ROVIDER OR SUPPLIER	1000.0		STREET ADDRESS, CITY, STATE, ZIP CODE	10/17/2019
NAME OF T	NOVIDER OR SOLT EIER			, , ,	
BRIDGEW	ATER HOME , INC.			302 NORTH SECOND STREET	
	•			BRIDGEWATER, VA 22812	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 758	Continued From page	e 31	F 758	3	
	included the following psychotropic medicate 0.5 mg (milligrams) - hours as needed for a date and start date w stop date listed on the According to the E-M Administration Recommonce on each of four 10/9/19, and 10/12/19 NOTE: Xanax (Alpraz medication used to the with or without agoral depressive symptoms	AR (Electronic Medication d), Xanax was administered days; 10/4/19, 10/7/19, 9. zolam) is an antianxiety eat anxiety, panic disorders phobia, and anxiety with		2. Address how the facility will idention other residents having the potential to affected by the same deficient practice. In collaboration with our Medical Direct and FNP we are developing a specific PRN template to include the following medications: anti-psychotic, anti-depressant, anti-anxiety, and hypnotic. The language for the newly developed template will include: a specific as periodicate the reasoning for extending the PRN medication beyond 14 days. This ensure consistency among all physicial orders for PRN medications and will address the unnecessary use of medications within this classification.	be e; tor cific and e s will
	50 mg when resident 50 mg topical 3 times will not take po dose Apply cream to wrist Practioner). The orde 10/16/19. There was order. NOTE: Seroquel (Quused in the treatment unlabeled uses for ag Mosby's 2017 Nursin Edition, page 998. At 4:00 p.m. on 10/16 included the Director Nurse Practitioner (N	rer date and start date were no stop date listed on the letiapine) is an antipsychotic of depression, with gitation and dementia. Ref. g Drug Reference, 30th		3. Address what measures will be puplace, or what systemic changes will be made to ensure the deficient practice on not recur; Wellness concepts Pharmacy attends QAPI meetings on a monthly basis. Or QAPI team will run a PRN report to reduring our QAPI meeting. Any discrepancies in this new process and practice will be addressed at that time 4. Indicate how the facility plans to monitor its performance to make sure solutions are sustained; BRC will utilize our QAPI reporting too and systems to monitor performance from the process of the	e will our ur view that
		he use of PRN psychotropic		the new PRN template. Information wi	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495370	B. WING			C	
NAME OF P	ROVIDER OR SUPPLIER	493710	B. WING	STREET ADDRESS, CITY, STATE, ZIP COI		0/17/2019	
NAME OF T	NOVIDEN ON OUT FEET			302 NORTH SECOND STREET	DE .		
BRIDGEW	ATER HOME , INC.			BRIDGEWATER, VA 22812			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THIS DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 758		cussed. The NP stated she	F 75	tracked on a monthly basis to			
	restriction did not apprendications. The sure and the NP to the ser Manual dealing with medications, and not psychotropic medications. 2. Resident # 86 was	told the 14 day PRN bly to antipsychotic rvey team referred the DON ction of the State Operations		trends in practice and standa 5. Include date(s) when the action will be completed for e identified deficient practice. The PRN template is in proce QAPI review. Completion dat PRN template will be Novem	e corrective each ess for our te for the		
	heart failure, hyperte gastroesophageal rei and hypothyroidism. recent MDS, a Quart 9/9/10, the resident v	nsion, depression, flux disease, pleural effusion, According to the most erly review with an ARD of was assessed under Section s) as having a Summary					
	physician's order for medication: Lorazep (milligrams per millilit 0.5 ml by mouth ever anxiety, for end of life	am Intensol 2 mg/ml er) oral concentrate. Give by 3 hours as needed for e care, agitation. The order ere 10/1/19. There was no					
	medication used in the an unlabeled use for	Ativan) is an antianxiety ne treatment of anxiety with agitation. Ref. Mosby's Reference, 30th Edition, page					
	year-old male, was a	he survey sample, an 80 dmitted to the facility on es that included heart failure,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495370	B. WING			1	17/2019	
	ROVIDER OR SUPPLIER			3	TREET ADDRESS, CITY, STATE, ZIP CODE 02 NORTH SECOND STREET 8RIDGEWATER, VA 22812	1 10/	1772019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 758	ulcerative colitis, diab hyperlipidemia, Parkii chronic obstructive pupain syndrome, restle apnea, and dysphagii recent MDS, a Signifi 8/16/19, the resident Section C (Cognitive Summary Score of 10 Resident # 60's EHR physician's order for a medication: Lorazepa - 0.5 ml = 1 mg by moneeded for anxiety/ag order date and start of was no stop date listed. There was also a sectorazepam: Lorazepa concentrate. 1 ml by needed for moderate end of life care. The were 8/13/19. There the order. According to the E-Mathe Lorazepam order administered once or and 10/13/19. 4. Resident #25 was 03/16/18 with diagnoshypertension, hyperlip Dementia with out be abnormal gait and mot fracture and gastro-estless.	atic ophageal reflux disease, etes mellitus, nson's Disease, depression, ulmonary disease, chronic ess leg syndrome, sleep a. According to the most cant Change with an ARD of was assessed under Patterns) as having a out of 15. included the following a PRN psychotropic em 2 mg/ml oral concentrate outh every 3 hours as gitation/end of life care. The late were 7/19/19. There ed on the order. ond order for oral am 2 mg/ml oral mouth every 3 hours as to severe anxiety, agitation, order date and start date was no stop date listed on AR in the resident's EHR, ed on 8/13/19 was a each of two days; 10/12/19 admitted to the facility on ses that included,	F	758				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	, ,	OMPLETED
		495370	B. WING _			C 10/17/2019
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812		10/1//2019
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 758	change assessment severely impaired widaily decision making on 10/15/19 at 12:5 record was reviewed orders was the follow Order Date/Start Dazmg/ml (milligrams/ (generic) - Give 0.5 thours as needed Foto) encounter for complysician]." There was no docurt Lorazepam order. A review of the medical (MAR) for the period 10/15/19 documents receive any doses of the medical form of the period 10/15/19 at 2:10 (LPN #2) on Resider regarding the PRN I stated Resident #25 about discontinuing because Resident # and thought the resimedication since she #2 continued and st practitioner felt it was place since Resider On 10/16/19 at 4:00 nurse practitioner at (DON) came to the	19 which was a significant it, assessed Resident #25 as ith a score of 3 out of 15 for ing. 10 p.m., Resident #25's clinical it. Observed on the physician wing order: "Order #530. It. Otto: 04/17/19. Lorazepam milliliters) oral concentrate it. Impact it. Of the i	F 7	58		

A95370 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			IDENTIFICATION NUMBER:	A. BUILDIN	NG		COMPLETED	
10/1//2			495370	B. WING				
BRIDGEWATER HOME , INC. 302 NORTH SECOND STREET BRIDGEWATER, VA 22812			455570		302 NORTH SECOND STREET	CODE	10/1//2019	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE THE APPROPRIA		٧
F 758 Continued From page 35 The nurse practitioner and DON stated they thought the 14 day PRN regulation only applied to antipsychotic medications and additionally if a resident was on hospice or comfort care then this was rational to have the PRN order and the consultant pharmacist was in agreement with this. No additional information was provided to the survey team prior to exit on 10/17/19 at 11:00 a.m. 5. Resident #32 was admitted to the facility on 04/22/19 with diagnoses that included: Parkinson's Disease, hypertension, restless leg syndrome, delusional disorder, and Lewy body dementia. The most recent minimum data set (MDS) dated 07/29/19 which was a quarterly assessment, assesseed Resident #32 has severely impaired for daily decision making and having long and short term memory problems. On 10/16/19 at 4:15 p.m., Resident #32's clinical record was reviewed. Observed on the physician orders was the following order: "Order #560. Order Date/Start Date: 08/02/2019. Buspirone 15 mg tablet (genenic) - 1/2 tab=7.5mg by Mouth Daily as needed For anxiety/agitation; DELUSIONAL DISORDERS; DEMENTIA WITH LEWY BODY, (Name of Physician)." There was no stop date for the PRN Buspirone order. A review of the medication administration record (MAR) for the period of 08/02/19 through 10/16/19 documented that Resident #32 received	The northough antips reside was raconsul No ad survey a.m. 5. Re 04/22/Parkin syndrodemer (MDS) assess severe having On 10 record orders Order mg tall Daily a DELU LEWY DISOF [Name There order. A review (MAR)	the nurse practitione bught the 14 day P tipsychotic medical sident was on hosp as rational to have insultant pharmacis of additional informativey team prior to in. Resident #32 was /22/19 with diagnous rationals. The most income, delusional mentia. The most income, delusional mentia. The most income, assessive to a sessive to the following long and short income in 10/16/19 at 4:15 cord was reviewed ders was the following long and short income in 10/16/19 at 4:15 cord was reviewed ders was the following long and short income in 10/16/19 at 4:15 cord was reviewed ders was the following long and short income in 10/16/19 at 4:15 cord was reviewed ders was the following long and short income in 10/16/19 at 4:15 cord was reviewed for ELUSIONAL DISOLUTIONAL DISOLUTIO	er and DON stated they PRN regulation only applied to ations and additionally if a bice or comfort care then this the PRN order and the st was in agreement with this. ation was provided to the exit on 10/17/19 at 11:00 a admitted to the facility on bees that included: a, hypertension, restless leg all disorder, and Lewy body a recent minimum data set and which was a quarterly bed Resident #32 has a daily decision making and art term memory problems. p.m., Resident #32's clinical and the composition of the physician by the provided to the by the p	F7	58			

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED	
		495370	B. WING _			C 10/17/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO. 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	•	10/1//2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 758	09/08/19. These findings were sand director of nursin 10/16/19 at 4:30 p.m. On 10/17/19 at 9:30 a (LPN #2) on Resident regarding the PRN Bustated Resident #32 in August 2019 his withe administration time and requested the ad LPN #2 stated Reside lot of delusions or hall past. LPN #2 continudeveloped person celplans based on his like seemed to help with sespecially in the after No additional informations based on his like seemed to help with sespecially in the after No additional informations united to: Dementia, Congestive Heart Fair Fibrosis. The most recent MDS quarterly assessment reference date) of 10/20 assessed as severely status with a total cognition.	shared with the administrator g during a meeting on a.m., the clinical coordinator the #32's unit was interviewed aspirone order. LPN #2 should feel to had some concerns with the short of the PRN Buspirone with the short of the	F 7	758			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED		
		495370	B. WING			C 10/17/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	<u> </u>	10/1//2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 758	"Order Date: 06/20 Lorazepam Intensol oral concentrate Ohours As Needed 5m agitation; Behavior Subsequent review of (medication administ through October 201 that Resident #3 recenteded) dose of Ativ Review of Physician 6/20/19, 8/15/19, 9/1 "Review of System AMS [altered mental Awake and oriented today, talkative. Appexam. Does not appAtivan Intensol 2 m [oral/sublingual] q [evanxiety, agitation, enmeasures medication The Nurse Practition interviewed on 10/16 p.m. regarding Resident The NP stated, "She She has really bad repharmacist told us the pertained to antipsyon." The Administrator and were informed of the information during a	october 2019 included, 0/19, Start Date: 06/20/19 2 mg/ml [milligrams/milliliter] 3 mg/ml [milligrams/ml] 4 mg/ml [milligrams/ml] 5 mg/ml [milligrams/ml] 6 mg/ml] 6 mg/	F 75	58			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495370	B. WING			C 10/17/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	<u> </u>	10/1//2019
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 791 SS=D	routine and 24-hour §483.55(b) Nursing The facility- §483.55(b)(1) Must outside resource, in of this part, the following the needs of each re (i) Routine dental se under the State plan (ii) Emergency dental services the resident-(i) In making appoint (ii) By arranging for dental services local §483.55(b)(3) Must residents with lost of dental services. If a 3 days, the facility most they did to ensure and drink adequated services and the extended to the delay; §483.55(b)(4) Must circumstances where dentures is the facility charge a resident for dentures determined	provide or obtain from an accordance with §483.70(g) wing dental services to meet esident: rvices (to the extent covered e); and al services; if necessary or if requested, tments; and transportation to and from the	F 79			11/4/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495370	B. WING		C 10/17/2019	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	10/17/2019	
			.	802 NORTH SECOND STREET		
BRIDGEW	ATER HOME , INC.			BRIDGEWATER, VA 22812		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE.	
F 791	Continued From page	e 39	F 791			
	§483.55(b)(5) Must a eligible and wish to pare reimbursement of der medical expense und This REQUIREMENT by: Based on observation interview and clinical staff failed to provide one of 28 residents in Resident #47, with obteeth, had not been of services since her ad The findings include: Resident #47 was ad 8/30/18 with a re-administration of the services and the services include:	ssist residents who are articipate to apply for natal services as an incurred er the State plan. In is not met as evidenced and resident interview, staff record review, the facility routine dental services for a the survey sample. Sovious decayed/deteriorated and ffered or provided dental mission on 8/30/18.		F-791 Routine/Emergency Dental Services 1. Address how corrective action will accomplished for those residents foun have been affected by the deficient practice. Resident #47 has a scheduled appointment with Community Dental Health on November 19, 2019 for a complete dental assessment.		
	history of pulmonary			Address how the facility will identification other residents having the potential to affected by the same deficient practice. The Clinical Coordinator (CC) team, Q Coordinator, Infection Preventionist, and	be e; API	
	interviewed about qua Resident #47's bottor with black/gray discol lower front teeth had broken near the gum teeth were chipped. interviewed at this tim resident stated she ha and her front teeth on Resident #47 stated had good condition and no stated she had not be	p.m., Resident #47 was ality of life in the facility. n, front teeth were broken oration. Several of the visible decay and were The resident's top front Resident #47 was a be about her teeth. The ad a partial plate on the top at the plate were chipped. The plate were chipped are bottom teeth were not in seeded repair. Resident #47 wen offered dental services in the facility and would like		DON met with the RD following the sur finding on 10/23/19 for reviewing Secti L; L0200 Dental. It was discussed as a team and we concluded that Section L L0200 will be completed by the Clinica Coordinator within each respective household. Any noted dental needs wi addressed at that time with resident ar MPOA. 3. Address what measures will be puplace, or what systemic changes will be made to ensure the deficient practice who trecur;	rvey on a ; II be and ut in e	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495370	B. WING			100	C 17/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	= ZIP CODE	10/	17/2019
TVAIVIL OF T	NOVIDER OR GOLT EIER			302 NORTH SECOND STREET			
BRIDGEW	ATER HOME , INC.						
				BRIDGEWATER, VA 22812	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD B ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
	Continued From page to see a dentist about The clinical record do of Resident #47's dec partial plate. Section dated 8/8/19 inaccura resident had no denta MDS dated 9/6/18 incresident's teeth and in to examine" the resid explanation why the ecompleted. The resid explanation why the ecompleted. The resid 8/29/19) made no medentition. On 10/16/19 at 2:08 punts (LPN #3) unit in about Resident #47's registered dietitian (Ricompleting section Licassessment of reside stated the dental section accurate as the relower, front teeth. LP not complained about resident's family mad When asked about dethe facility, LPN #3 st for dental services but a dental provider for I	ther teeth. cumented no assessment sayed teeth and chipped L0200 of the annual MDS stely documented the all problems. The admission sluded no assessment of the indicated staff were "unable ent's dental status with no examination was not lent's plan of care (revised intion of the resident's poor lent's plan of care (revised intion of the resident's poor lent's plan of care (revised intion of the resident's poor lent's dental status. LPN #3 stated the D) was responsible for lent's dental status. LPN #3 ion on the 8/8/19 MDS was resident had obvious decayed lent's dental status. LPN #3 ion on the 8/8/19 MDS was resident had obvious decayed lent's dental pain and the lent's dental pain and the lent's ental services provided by lated residents were sent out to they currently did not have lent's lent's social worker (other lent's dental services lent's social worker (other lent's len	F 7	DEF	pective, the Clinic have direct oversoletion of Section of Indiana Interest in the sident as this will. The dental int will be complet reviewed as need facility plans to ce to make sure the corrective assigned to Interest in the Interest in Interest	cal sight L; alth be ed ed. that the e	DATE
	The social worker sta providers in the area	she had been in the facility. ted there were limited dental that would assess and eriatric, Medicaid residents.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495370	B. WING		C 10/17/2019
	AMME OF PROVIDER OR SUPPLIER BRIDGEWATER HOME, INC. (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 791 Continued From page 41	STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812		10/11/2013	
PRÉFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION
F 791	Continued From pag	e 41	F 79	01	
	and director of nursii 10/17/19 at 4:45 p.m Resident Bed	ng during a meeting on I.	F 90	09	11/6/19
	bed frames, mattress part of a regular mai areas of possible en and mattresses are useparately from the lensure that the bed frame are compatible. This REQUIREMEN' by: Based on observation staff interview and clearly staff failed to inspections with use two of 28 residents in Resident #10 had a mattress and bed rai inspection for possib. Resident #23 had ar use without a prior in entrapment risks. The findings include: 1. Resident #10 was 11/21/13 with a re-action possib.	ses, and bed rails, if any, as intenance program to identify trapment. When bed rails used and purchased bed frame, the facility must rails, mattress, and bed e. T is not met as evidenced on, facility document review, inical record review, the perform bed safety of specialty mattresses for in the survey sample. Wide bed with a concave ills in use without a prior ille entrapment risks. In air mattress with bed rails in inspection for possible admitted to the facility on idmission on 8/9/16.		F-909 Resident Bed 1. Address how corrective action waccomplished for those residents for have been affected by the deficient practice. A new and appropriately proportioner mattress to accommodate the wider frame was placed on resident#10's big 10/23/19 by maintenance. Followed safety check for bed/mattress complied An updated Bed Safety Siderail Entrapment Assessment will be completed by 10/30/19. Resident # 2 a successful safety electrical check fair mattress pump on 10/25/19. An updated Bed Safety Siderail Entrapment Assessment will be completed by 10/30/19. BRC does not require a physician's order for an air mattress,	d bed bed by a ance. 3 had or the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495370	B. WING		C 10/17/2019	
	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 909	dated 7/11/19 assess and long-term memorimpaired cognitive stresident required the people for bed mobil. On 10/16/19 at 10:00 environment was inshad two quarter leng position near the heat concave shaped ma approximately 6-inchattress to the head approximately a 2-in the mattress to the bed. Resident #10's clinicassessment of bed strelated to the concave side rails. The recorder dated 9/5/17 for head of bed to enable positioning."	ninimum data set (MDS) sed Resident #10 with short ory problems and severely kills. This MDS listed the e extensive assistance of two lity. O a.m., Resident #10's bed spected. The resident's bed ght side rails in the raised and of the bed. There was a ttress on the bed with an in gap from the end of the liboard. There was ch gap from the bottom of bed's footboard. Cal record documented no safety or entrapment risks we mattress used with the and documented a physician's or "2 half side rails @ (at) le self turning and De rail assessment was dated and mention of any risks for se of the rails. The record assessment regarding the	F 90	<u> </u>	ee an eent eed eent deent di ude vitth o tify o be ee; d Bed eent aired or	
	On 10/16/19 at 1:52 nurse (LPN #3) unit about bed rail asses mattress. LPN #3 st were completed upo resident and/or respenses.			not recur; The systemic change in practice will I reviewed weekly during our Clinical Coordinator and QAPI meetings each Wednesday. If a resident requires changes to their current bed, mattres rails, etc. Nursing will notify maintena for further assessment and appropria	oe s, nce	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMP	SURVEY LETED	
		495370	B. WING _				C 17/2019
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREE	T ADDRESS, CITY, STATE, ZIP CODE	1 10/	17/2019
DDIDGEM	ATER HOME INC			302 NO	ORTH SECOND STREET		
BRIDGEW	ATER HOME , INC.			BRIDG	GEWATER, VA 22812		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 909	checks when mattres On /10/16/19 at 2:47 (DON) was interviewed bed rail safety. The Interpretation of the bed rail safety in the facility were purch according to the bed entrapment zones. The measurement device specialty mattresses maintenance perform again stated the beds entrapment risks. The from the bed manufacturing rails and mattresses of facility in 2009. On 10/16/19 at 4:20 proposition supervisor (other staff bed safety inspection supervisor stated here beds/mattresses/rails maintenance director sure the mattress and and that the side rails maintenance director "gap measurements" manufacturer informer FDA [Food and Drugguidelines when the interpretation of the performing perf	ponsible for bed safety ses were changed. p.m., the director of nursing ed about assessments for DON stated all the beds in hased after 2006 and manufacturer, had no he DON stated a gap was ordered in case were used. The DON stated ed bed safety checks and in the facility did not have to DON presented a letter cturer stating the beds with were purchased by the p.m., the maintenance of #2) was interviewed about so. The maintenance checked once per year. The stated they checked to be to bed were in good condition functioned properly. The stated he did not perform	F 9	Plant 4. moderate solution sol	Indicate how the facility plans to pointor its performance to make sure to lutions are sustained; Parterly reports will be generated via MR for QAPI oversight. Our aintenance Director will receive the enerated list to ensure bed inspection as current and accurate for all resident line and accurate for all resident line deficient practice. Pesident #10's mattress corrected mattress pump 10/25/sesident #10, #23, # 105, & # 37 will he dated Bed Safety Siderail Entrapment Assessments completed by 11/6/19. Be afety Siderail Entrapment Assessment deficient pricks associated with a session of siderails and alternatives to derails when appropriate.	our is its. e 19. ave nt ed nt de	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495370	B. WING		C 10/17/2019
	ROVIDER OR SUPPLIER		;	STREET ADDRESS, CITY, STATE, ZIP CODE 802 NORTH SECOND STREET BRIDGEWATER, VA 22812	1 10/11/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 909	maintenance supervials and mattress with maintenance supervials and mattress with maintenance supervision stated as bed #6 supervisor stated contains a concern." It is tated a safety check this bed with the commaintenance supervite concave mattress. Resident #10's bed standard resident bed standard resident bed insumber 60 was most November 2018 and use of a concave masupervisor was not supervisor was not supervisor.	p.m., accompanied by the risor, Resident #10's bed, ere inspected. The risor was shown and e approximately 6-inch gap as and the head of the bed. Apervisor identified Resident 10. The maintenance encerning the gap, "Yes. The maintenance supervisor is had not been performed on a reave mattress in place. The risor stated he was not aware as had been installed and that was a "wide" bed and not the ed. Approvisor presented as the recently inspected in the hadress. The maintenance sure when the "wide" bed was dent. The bed inspection erence to any special beds or as in use in the facility. p.m., the DON was bout any resident assessment and the specialty, concave stated Resident #10 started nattress in May 2019.	F 909		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495370	B. WING		C 10/17/2019
	ROVIDER OR SUPPLIER		;	STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	1 10/11/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 909	chronic kidney diseatremors, diabetes worthe minimum data is assessed Resident cognitive skills and assistance of two per consent form was sittle and stated the promote independence identified or listed or	ood pressure, spinal stenosis, ase, chronic pain, anxiety, ith neuropathy and anemia. Set (MDS) dated 7/18/19 #23 with moderately impaired as requiring the extensive cople for bed mobility. p.m., Resident #23 was in night bed rails were in the the head of the bed. An ess was in place on the bed. bserved again on 10/16/19 at 0 a.m. in bed with the air th raised bed rails. cal record documented no apment risks related to the nating air mattress. cal record documented a ted 9/5/17 for "2 side rails @ ale self turning and was no physician's order for	F 909		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′		COMPLETED	
	495370	B. WING		C	
	100010		STREET ADDRESS, CITY, STATE, ZIP CODE 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	10/17/2019	
(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION	
23/13. 10/16/19 at 1:52 se (LPN #3) unit but bed rail asses N #3 stated bed appleted upon add for responsible stated maintenant was responsible tresses were chould rail safety. The facility were pure cording to the bed rapment zones. assurement device cialty mattresses and intenance performed to the servisor stated here were servisor stated here was a stated here.	2 p.m., the licensed practical manager was interviewed asments and the air mattress. rail assessments were mission to see if the resident party wanted the rails. LPN ince installed the air mattress is efor bed safety checks when anged. 7 p.m., the director of nursing wed about assessments for a DON stated all the beds in chased after 2006 and domanufacturer, had no an anged. The DON stated a gap are was ordered in case as were used. The DON stated med safety checks on a dagain stated the beds in the entrapment risks. The DON om the bed manufacturer in rails and mattresses were usellity in 2009. 1 p.m., the maintenance aff #2) was interviewed about ons. The maintenance is checked alls once per year. The por stated they checked to be and bed were in good condition alls functioned properly. The por stated he did not perform is because their bed	F 90	09		
	DER OR SUPPLIER R HOME , INC. SUMMARY S (EACH DEFICIEN REGULATORY OF Intinued From paragrams of the parag	TRECTION A95370 DER OR SUPPLIER R HOME , INC. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 46	DER OR SUPPLIER R HOME , INC. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 46 10/16/19 at 1:52 p.m., the licensed practical rese (LPN #3) unit manager was interviewed rout bed rail assessments and the air mattress. N #3 stated bed rail assessments were mpleted upon admission to see if the resident d/or responsible party wanted the rails. LPN stated maintenance installed the air mattress of was responsible for bed safety checks when ttresses were changed. 1/10/16/19 at 2:47 p.m., the director of nursing DN) was interviewed about assessments for of rail safety. The DON stated all the beds in reacility were purchased after 2006 and cording to the bed manufacturer, had no rapment zones. The DON stated a gap assurement device was ordered in case exicialty mattresses were used. The DON stated intenance performed safety checks on ds/mattresses and again stated the beds in the ility did not have entrapment risks. The DON issented a letter from the bed manufacturer ting the beds with rails and mattresses were chased by the facility in 2009. 10/16/19 at 4:20 p.m., the maintenance pervisor (other staff #2) was interviewed about d safety inspections. The maintenance pervisor stated he checked ds/mattresses/rails once per year. The intenance director stated they checked to be the the mattress and bed were in good condition d that the side rails functioned properly. The intenance director stated he did not perform up measurements" because their bed nufacturer informed them they complied with	DER OR SUPPLIER R HOME , INC. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Third Bridge and the state of the st	

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		' '	(X3) DATE SURVEY COMPLETED	
		495370	B. WING _			C 10/17/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 302 NORTH SECOND STREET BRIDGEWATER, VA 22812		10/1//2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 909	maintenance supervision mattress was installed supposed to be performed supervisor stated the to perform gap measure and/or mattresses but been performed. On 10/16/19 at 4:32 promaintenance supervisor sails and air mattress maintenance supervisor the air mattress in use supervisor stated her inspection with the air maintenance director the air mattress was in maintenance director bed as bed #102. The maintenance supervisor stated her inspection with the air mattress was in maintenance director bed as bed #102. The maintenance supervisor stated her inspection of bed air mattress. The bed air mattress. The bed air mattresses in use in the control of 10/16/19 at 4:54 promaintenance february 2019. These findings were readministrator and DO	deds were purchased. The sor stated if a specialty d, a bed safety check was red. The maintenance facility purchased a device prements with special beds to gap measurements had to maintenance for, Resident #23's bed, were inspected. The sor was interviewed about the end not performed a bed to mattress in place. The stated he was not aware installed on the bed. The identified Resident #23's service presented for the end of the previsor presented for the end of the previsor presented for the end of the previsor sheets made no for the previsor sheets made no formumber 102 with a specialty dispection sheets made no final beds and or specialty the facility.	FS	909			